



February 17, 2009

The Honorable Brenda Landwehr, Chair
Physician Workforce and Accreditation Task Force
c/o Kansas Legislative Research Department
Statehouse, Room 010-West
Topeka, KS 66612

Re: Report of the Physician Workforce and Accreditation Task Force to the 2009 Kansas Legislature

Dear Representative Landwehr:

I want to express my thanks for the comprehensive approach taken by the Physician Workforce and Accreditation Task Force under your leadership. The testimony was enlightening and informative, and it served to advance an important conversation about physician workforce training and recruitment in Kansas. The Kansas Health Policy Authority's goals in this respect are critical to its mission of coordinating health policy for the state. I was pleased to participate on KHPA's behalf and to provide support to the Task Force as it sought to identify all possible funding streams available to sustain graduate medical education (GME) in Kansas.

Although the KHPA supports many of the recommendations contained in the Task Force report, there are a few recommendations for which I would request further consideration. The agency believes that any strategies adopted to address the needs of graduate medical education need to be based on a complete understanding of physician workforce development in Kansas. Those strategies also should be fully integrated into a comprehensive plan for addressing the full range of issues involving health care professions workforce development in Kansas.

According to a 2007 study by the Kansas Workforce Advisory Board, Kansas falls behind the national average for physicians per 100,000 people. Kansas is also under-represented by physicians in five of six major geographic regions. This low representation is prevalent in rural regions, especially the southeast and southwest parts of the state. Even though the number of Kansas physicians is likely to increase over the next 20 years, Kansas will likely continue to lag behind the national average as physicians pursue better educational and work opportunities outside the state.

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The draft recommendations call for the Task Force to identify a statewide strategy to advance workforce development. KHPA agrees with the critical need for a coordinated statewide strategy, but would encourage a review of the Task Force's composition and mission before extending its purview to the broader questions of statewide workforce policy. Whether or not the Task Force continues in its work, KHPA is charged with coordinating health policy for the state, and recognizing the critical needs in this area is currently reviewing a strategic plan that includes a focus on workforce development. As part of its five year strategic plan, KHPA has set for itself the objective of evaluating the health care professions workforce needs of the state in order to ensure that all Kansans have access to appropriate health care services. This includes working with the Kansas Board of Regents to investigate and pursue funding that will provide additional incentives for Kansas health professionals to train and work in Kansas. KHPA also recognizes the key role that the University of Kansas plays in training, research, and policy development in these areas and we intend to work in close collaboration with the Board of Regents to address broader issues of workforce planning and training.

The Task Force's call for improving the quality, accuracy and timeliness of workforce-related data and identifying ways to increase Medicare and Medicaid funding for GME programs fall directly in line with KHPA's ongoing initiatives. Given the depth of need for better data to support meaningful progress in workforce development, I encourage you to consider an even stronger recommendation from the Task Force to support enhancements in the mandatory reporting requirements associated with the licensure process in the medical professions. The voluntary process has produced inconsistent and incomplete information.

The Task Force report also calls for establishing dedicated funding streams for the Wichita Center for Graduate Medical Education (WCGME). The central question presented to the Task Force was to assess the need for additional or alternative sources of state and federal funding. The Wichita campus of the KU School of Medicine presented evidence regarding the need for additional funding to secure accreditation for those graduate programs. The Task Force received extended testimony detailing the various costs and funding streams for GME in both the Kansas City and Wichita campuses. Members raised a number of questions about sources and levels of funding at each campus, the relationship between funding levels and the requirements for continued accreditation at the Wichita campus, and the role of the sponsoring hospitals in providing financial support for GME training. After extensive testimony and deliberation, some of these core issues remain unresolved, making it difficult for the Task Force to develop a consensus recommendation about the need for new and dedicated state funding for GME at the Wichita campus.

In this time of historic fiscal challenge, KHPA encourages continued pursuit of Federal funding for GME costs, but is not prepared to endorse the draft recommendations for new, dedicated streams of funding for GME activities at the Wichita campus. KHPA encourages the Board of Regents to continue working with leadership at the Kansas City and Wichita campuses, and with each sponsoring hospital, to identify the level of funding required to maintain accreditation and achieve their core educational and policy goals.

Thank you again for the opportunity to participate on the Task Force, and for the opportunity to comment on the draft report.

Sincerely,

A handwritten signature in black ink, appearing to read "Andy Allison". The signature is fluid and cursive, with the first name "Andy" and last name "Allison" clearly distinguishable.

Dr. Andrew Allison, Ph.D.
Deputy Director